

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 26 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATHCounty St. LouisRegistration District No. 1170Township CentralPrimary Registration District No. 62484City Richmond Heights(No. 1420 Big Bend Road)File No. 22774Registered No. 89

St. _____ Ward _____

2. FULL NAME George E. Lehman(a) Residence, No. 1420 Big Bend Rd

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**Male**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Sallie Lehman**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28th, 1864****7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70-6**OCCUPATION****8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**President**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.**Lehman Hdw. Co.**10. Date deceased last worked at this occupation (month and year).....****11. Total time (years) spent in this occupation.....****12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Illinois**FATHER****13. NAME John H. Lehman****14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Ohio**MOTHER****15. MAIDEN NAME Mary Burton****16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Illinois**17. INFORMANT Mrs Marie Moran**(ADDRESS) 1422 Big Bend Road**18. BURIAL, CREMATION, OR REMOVAL**PLACE Valhalla Crematory DATE 6/6/34**19. UNDERTAKER Robert J. Ambush Inc**(ADDRESS) 6653 Clayton Road**20. FILED June 6 1934 Gertrude Porter**

Registrar.

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4thh, 1934****22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1930, to 6-4, 1934**I last saw him alive on 6-3, 1934. Death is saidto have occurred on the date stated above, at 5.30 P.

The principal cause of death and related causes of importance were as follows:

Carcinoma of colon & liver Date of onset 1930

Other contributory causes of importance:

Name of operation Papaverotomy Date of 9-15-33What test confirmed diagnosis? _____ Was there an autopsy? no**23. If death was due to external causes (violence), fill in also the following:**

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) P. W. Casady(Address) 3701 Westminister, M. D.

